TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove earbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in apy over within 72 hours after death 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03542 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
D. CITY TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b			Marvland		Calver			
	WITCO KURAL	and Rive negreer rown	ilmits,	c. LENGTH OF STAY IN 1b	1 1b c. CITY OR IDWN (If outside corporate limits, write RURAL and			nd give nearest town)
-	Prince	Frederick,		2/2 w/s.	Lusby		0	1 a 10 DECIDENCE
	d, NAME OF HUS	SPITAL OR INSTITUTION	i (ir not in n	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE DN A FARM?
		county Hospi		and the second				YES NO NO
3.	NAME OF DECEASED (Type or print)	Melinda S		Middle Cord	Last	OF	Month arch 24	Day Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED 7	arpater of BIRTH 19	9. AGE (In y	ears IF UNDER 1	YEAR IF UNDER 24 HRS.
	Femalle	White	WIDOWED		areaxex	1 1 1	day) Months D	ays Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work ding life, even if retired)	one 10b.	(IND DF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign c		IZEN OF WHAT INTRY?
	lousewife			Home	West Virg	iniæ	US	SA
13.	FATHER'S NAM	E			14. MOTHER'S MAID	EN NAME	7	
	Jess e H	olesapple			50 rah	Ettip F	sten	100
15	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	A	Iddress	
(10	is, no, or unkown)	(If yes give war or dates of	-	3-52-9/10 Wil	Lson J. Baff	ord. Lusby.	Md.	
	18. CAUSE OF	DEATH [Enter only one		line for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I, DE	ATH WAS CAUSED BY:	Corro	nary Thrombosis	. Cardio-Va	scular Acci	dens	ONSET AND DEATH
	4211			Hary III omooda		000000000000000000000000000000000000000		
	Conditions, if	DUE T	_					
	gave rise to	Immediate (b)					
	cause (a), si	a last						
Z	underlying caus		CONTRIB	UTING TO DEATH BUT NOT RELA	TENTOTHE TERMINAL D	ISEASE CONDITION GIV	EN IN PART 1(a)	119. WAS AUTOPSY
CATIC				OTHER TO DEATH BOTH OF RELA	(CO TO THE TERMINAL D	ISLANDE CONDITION GIV	Programme and and	PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATH	20b. H ER)	DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of	injury in Part I or Par	t II of Item 18.)	
AL		INJURY Month, Day, Y		INJURY OCCURRED 120e, PLA	CE OF INJURY (Home, far	rm, 20f. (City or to)	vn) (Coun	ty) (State)
MEDICAL	Hour a.r	n.	While at wor	Not While factor	ry, street, office bldg., et			
			tal) attend	led the deceased from M	arch 6 19	66 to March	24 1966	that (I) (we) last
	saw the de	ceased alive on Ma	rch 2L	19 66, and that	death occurred at	A M. from the ca		e date stated above.
	22a. SIGNATU			, 474	202211 300011.00			TE SIGNED
		1,50	welow	M.D. Mine of	ATTENDING A	MED. STAFF	D 3/2	4/66
22c. PHYSICIAN'S 22d. ADDRESS								
	NAME (Type) Issam El Damalouji, M. D. Prince Frederick, Md.							
23a	. BURIAL CREM	ATION, 236. DATE TO	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	tty, town or cour	(State)
	Buring March 26 1966 St. Pauls Cenetery Lysby, alientand							
24	A 12 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CTOR	m	ADDRESS		D BY REGISTRAR 25	REGISTRAR'S	
14	A Know	Expello An	1 /	Dort Bruke	M. DAMAR	2 8 1966	Mcharles	Judge
Y.	111 / VUIC	1000		7	TOT DATE IN	- 0 1000	1	1 1

-1. -II and the second s July to the transfer of the state of the sta MAY " I THUS PROMISE YEAR

VR A15 (4) 15M 4-64

		MARYLAND ST					
DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS, 3	301 W. PRESTO	N STREET,	BALTIMORE 1	I, MARYLAND
03543		CERT	IFICATE	OF DEATH			03533
UUUUREE							UTUL

1	. PLACE DF DEATH	2. USUAL RESIDEN	CE (Where deceased lived, If institution: Re	esidence before admission.			
	a. COUNTY	a. STATE b. COUNTY					
-	Calvert b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate limits, write RURAL	and give nearest town)			
	Prince Frederick, Md. 24 days	Island	Creek Md.	04-1			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
1_	Calvert County Hospital			YES NO			
3	NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year			
	(Type or print) Edward Draper Bourne		DEATH March 8	19 66			
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER:	1 YEAR IF UNDER 24 HRS. Devs Hours Min.			
Т	Male Negro WIDOWED OIVORCED	2/187/72	94 yrs.	Deys Hours Mills			
1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (C	County & State, or f sign country) 12. CI	TIZEN OF WHAT			
l.	uring most of working life, even if retired) INDUSTRY Farmer in interest in	Maryland					
1	3. FATHER'S NAME	14. MOTHER'S MAI					
	Louis Bourne	Magaret	Gray				
		INFORMANT	Address				
1,	Yes, no, or unknown) (IT yes give war or dates of service)	Annie R R	ourne, Island Creek	36.3			
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WITHTO IC D	Judie, Island Licear	Md. INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	Daller.	3	ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	cours					
	Conditions, if any, which)	ana, -	Sclemis -				
	gave rise to immediate	-0.0.00	000000000000000000000000000000000000000				
	cause (a), stating the DUE TO						
2	underlying cause last, (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TEDMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY			
LOATE	PART II. O'HER SIGHT I GOID I'I ON GOIN I GO			PERFORMED?			
CENTERVATION	2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature o	of injury in Pert I or Part II of Item 18.)			
2	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or town) (Cou	inty) (State)			
MEDICAL	Hour a.m. While Not While at work at work	ny, street, unice blug.,	etc.,				
2	21. I certify that (1) (this hospital) attended the deceased from	2/13/66	19 to 3/8 19 6	6. that (I) (we) last			
	saw the deceased alive on March 8 19 66, and that	t death occurred at	OP_M, from the causes and on the				
	228. SIGNATURE	t dodtii ooobiico bii		ATE SIGNED			
	Jal alam)	ATTENDING DE	MED. STAFF	18/66			
	22c. PHYSICIAN'S	22d. ADDRESS	Difference - Times	0/30			
1	NAME (Type)						
2	32. BURAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY	23d. LOCATION (City, town or cou	unty) (State)			
	REMOVAL (Specify)	arch Cem	Mutual	Md			
1	24. FUNERAL DIRECTOR ADDRESS		EC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE			
	finking E. Sewell- frince I rede	1	2 1 1 1966 Mcliante	Judge.			
=	Internal Classes Long Just 6		1 10001 /	100			

. . . . or el ्ये लगान A production of the second 111.41

TO DEPUTY MEDICAL EXAMINER: This certificale should be executed within 24 hours offer death. If any delay is necessary, please execute the certification with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral or Page 4 should be VS. A1

SM.

1	-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ig.	M)	03544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
cremati		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decosed lived. If Institution: Resilience before edmission) o. COUNTY a b. COUNTY b. COUNTY c. c. c. c. c. c. c. c
burial,		b. CITY OF TOWN (If outside controls limits write BURN or STAY IN 1b c. CITY OF TOWN (If outside complete limits, write BURN ood give neorest town)
prior to	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
gistrar	0.00	3. NAME OF DECEASED (Type or print) Minus Widdle Chare DEATH 3 Month 2 Day Year A DEATH 3 DEAT
the re		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yadra lost birthdoy) Months Dory Hours Min.
d reloip)	100. USUAL ORCUPATION (Give kind of work done 10b. KNND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Space or targing country) 12. CITIZEN OF WHAT COUNTRY during most at work to like over 1 selired)
S may b		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2
File pa		15/WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 179. no. ogvintory (If you, give wor or doing of service) Southern Chase State III
ermit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH (STEVEN) (DEATH
ronsit protection		Conditions, if any, which) (b) agent keedlaskes (1947)
olong burial-		gave rise to immediate cause (a), stating the underlying couse last. DUE TO
ed os o		PART W. OTHER SIGNAPCION CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
k be us	0	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of item 18.)
a 3 shau		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) While Not while at work at work.
OR: Pag		21. 1 certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes Accident, Suicide, Homicide, Undetermined cause
DIRECTO		ACTUAL SIGNATURE ALW (1006) M.D. CHIEF MEDICAL EXAMINER DO DATE SIGNED
TO FUNERAL DIRECTOR: Pag or removal.	1	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 3/2/8
TO FUI	0	220. BERIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 3-31-66 Youngs Church Cem Huntingtown Md.
5ME(5)	B	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE HAR 3 0 1966 Johnston Judge.

THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE CONTRACTOR OF THE PROPERTY OF

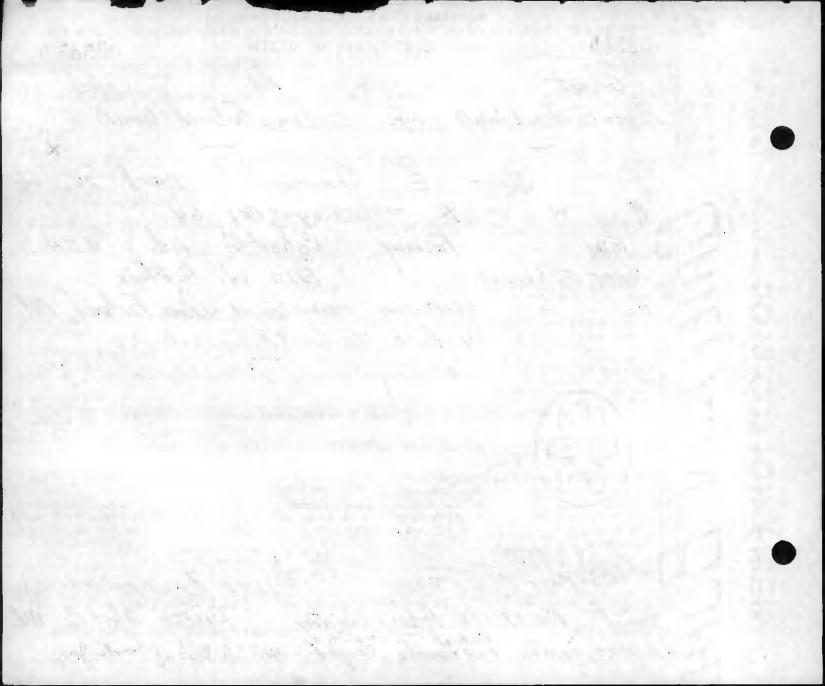
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> 5 (4) AI5

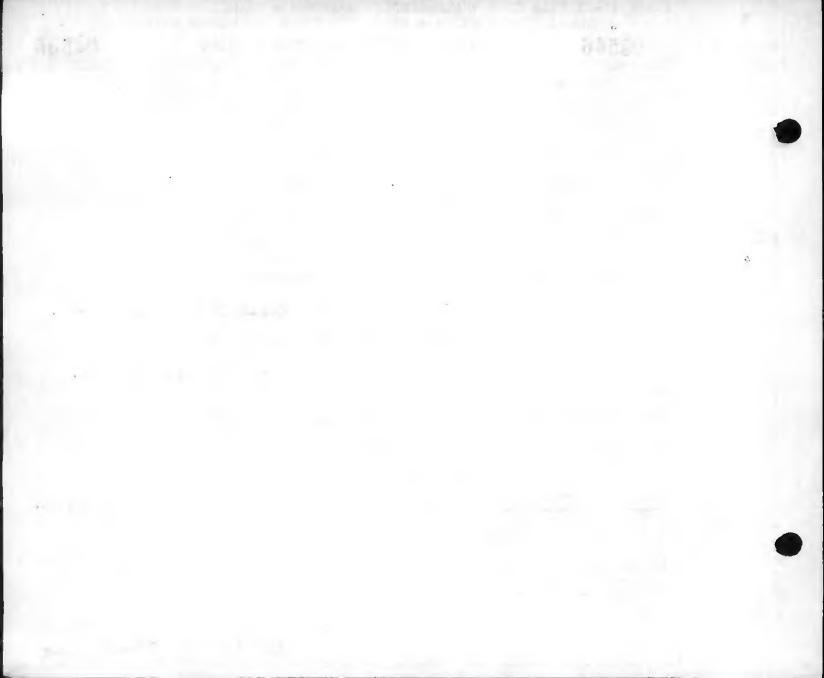
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03535

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Calvent MARYLAND	a. STATE MA b. COUNTY & Light
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1h	c. CITY OB-TOWN (If outside corporate limits, write RURAL and give nearest town)
Parice Final and give nearest town)	Prince Frodrick (kural) 04-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	ON A FARM?
3. NAME DF First Middle	YES ND
DECEASED (Type or print)	Last 4. DATE Month Day Year
5 CEV I C COLOR OD DAGE	DEATH MUCE 25 19 66 DATE OF BIRTH 19. ACE (IN YEAR I FUNDER 24 HRS.
MARKIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years Funder 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
WIDDWED DIVORCED	11/ay 24. 1901 64 yrs.
10a. USDAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BURTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Fahm tahming	Colvert 6. Md. 4.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Conner	Ello W. Hutchens
	INFORMANT , Address
No - 216-18-5401 H	more Conner - Truck Feelesink Mr.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Deser Colours of Diser and DEATH
1 4 20 / MILE TO	auce reserventing
Conditions If any which I	To Depende. 24eci,
gave rise to Immediate	and the state of t
underlying grave test	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TEC	PERFORMED?
20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY DOCUMENTS	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF THE P	inco. (cited nature of injury in Part For Part II of Item 10.)
	E DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Mensel, 1968, to Marcel 25, 196, that (1) (we) last
saw the deceased alive on MAAM 23 1966, and that	death occurred at
22d. STATISTORE	ATTENDING MED. STAFF 22b. DATE SIGNED
22cc PHYSIGIAN'S M.D.	PHYS. DIRECTOR PHYS. 1
NAME (Type) PASE C. SETT	PRINCE FREDERICK, MA
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	DR CREMATORY 23d. LOCATION (City, town or gounty) (State)
Dunal 11/01,21,1766 Hopety (20	retory Resitan Capest In Md.
24. FUNERAL DIBECTOR Mutra PADDRESS 13043	25a. REC'D BY REGISTRAR 25b. / REGISTRAR'S SIGNATURE
H. H. Mohn ess won Port Rapublic Many	land. DAMAR 28 1966 Schanley Judge
	The state of the s



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Mary land Page b. COUNTY Calvert Department of Calbert death. MARYLAND delay b. CITY DR TDWN (If outside carparate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b and P.M3. write RURAL and give nearest tawn) offer Island Creek Mutual d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street oddress). e. IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs along with form Pages King's Tavern ate 00 NO F urs after death. 2 Str 3. NAME OF Middle Firs! Last 4. DATE Month Day Year DECEASED the CURTIS 19 66 WALTER V. 19 March within (Type or print) DEATH with S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours male negro WIDOWED DIVORCED CV event and 1Da. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within L rd "pending" in pen Chief Medical Exami Walter Curtis MarylModre Fie pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service)) 37-12-0 17. INFORMANT Address permit. remayal. Louise Curtis Port Republic -Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Massive subarachnoid hemorrhage ar IMMEDIATE CAUSE (a) This certificate shauld the ward burial, crematian, DUE TO Conditions, if any, which gove Rupture of thin walled artery at base of brain. rise to immediate cause (a). DUE TO ficate, writing the 0 stating the underlying couse SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, YES X D NO pe 2Dg. EXTERNAL CAUSE WAS prior 20b, DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY SO or CONTRIBUTING shauld EXAMINER: CAUSE OF DEATH Involved in altercation MEDICAL agent, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While 1966 While factory, street, office bldg., etc.) Island Creek Calvert Md. TO FUNERAL VIAL.
Health or its designated a at wark ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian the funeral directar. death resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner be retained please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL O DEPUTY 3/20/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, tawn, ar county) 23a. BURIAL CREMATION 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 3-24-66 Brooks Church Cem Mutaul Calvert Md 25b. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR DAMAR 2 3 15 24. FUNERAL DIRECTOR ADDRESS Charles VR A15ME (5) 6M 1/66

Items 18-21 Film G375 4/MARYEAND STATE DEPARTMENT OF HEALTH



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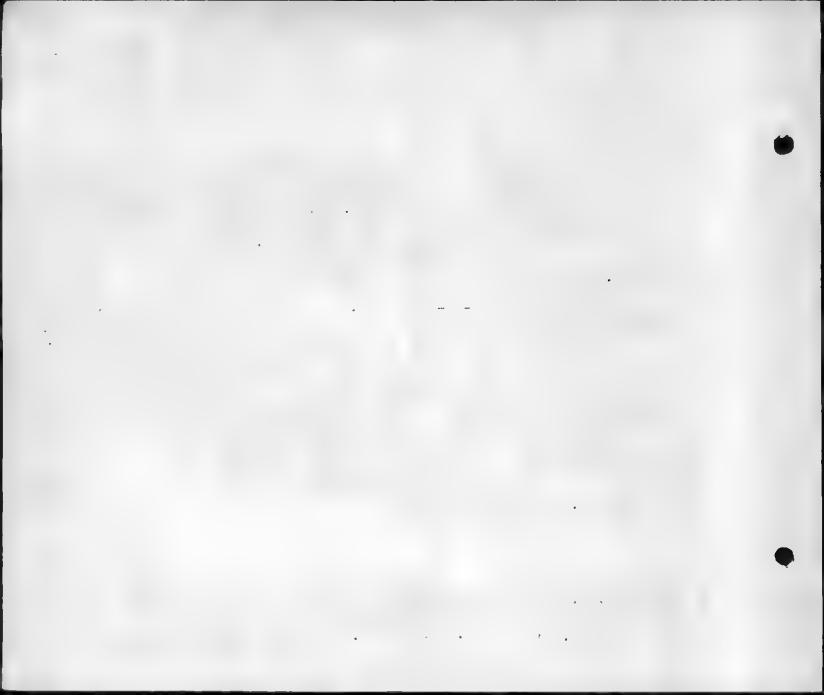
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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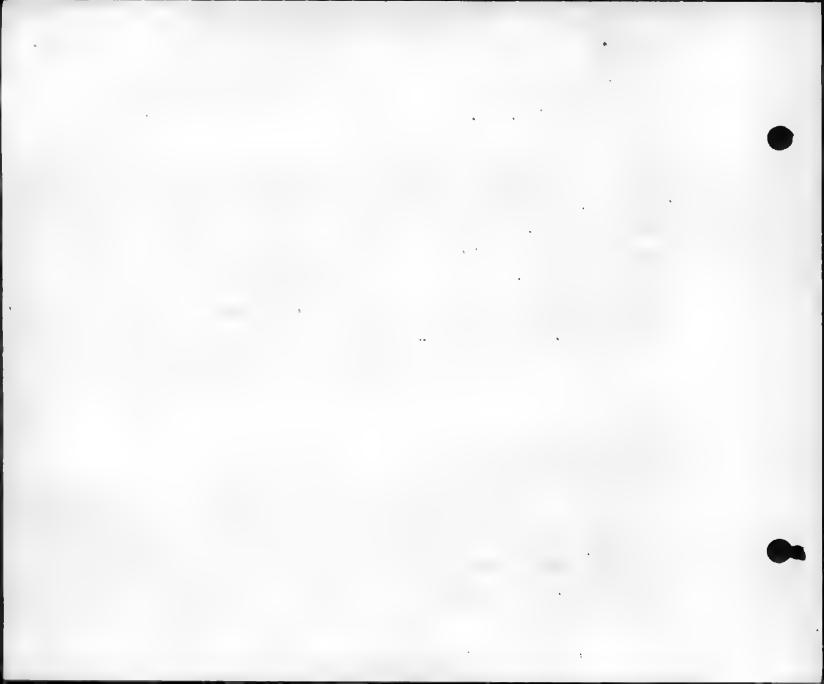
Reg. Dist. No.

1.	o. COUNTY	Calvert		MARYLAI	ND	2. USUAL RESIDENCE (o. STATE Mary.		ceased lived. If instit b. COUN	TY .		ore odminic runde	- 4
F	b. CITY OR TOWN (If outside corporate finels, write BURAL c. LENGTH OF STAY IN 16 and give necrest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
П	Dunk					Friend	ship					
			If not in hos	pital, give street address)		d. STREET ADDRESS			*************		o. IS RESII ON A I	FARM?
3.	NAME OF DECEASED	Fir	et	Middle		Last	4. DATI	Mon	th	Day	Year	r
	(Type or print)	JO	SEPH	JOHN	G	IBSON	DEAT	March 2	8		19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	YEAR	IF UNDER	
	Male	white	WIDOWED	DIVORCED [F	eb. 17, 18	96	70 yrs.	Months	Days	Hours M	Ain
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IND	USTR	Y 11. BIRTHPLACE (Stote	or foreig	n country)	12. CITI	EN OF	WHAT CO	UNTRYP
	Farme			arming				Maryland	Ţ	JSA		
13	L FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		· ·			
	Joseph J.	Gibson		1		Hettie Tr	ott					
15	S. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	7, IN	FORMANT		Addres	1			
Ľ	Yes	WWI		7-36-6827	Mr	s. Charlot	te L	ewis, Fri	endsh	ip,	Mary	land
	18. CAUSE OF DEAT	H [Enter only one cau	se per line (for (o), (b), and (c).)						INTER	VAL BETWEEN T AND DEATH	
		H WAS CAUSED BY, IMMEDIATE CAUSE (o)		Cardiac fa	il	ure					5 min	
	r	DUE TO								1		
	Conditions, if on	y, which } (b)										
	gove rise to immedi (a), stating the u	iole couse								-		
	couse lost.	(c)		_								
Z	PARE II. OTHE	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	אן ת	T RELATED TO THE TERM	HALD SE	ASE CONFIT ON GI	VEN IN PART	1(9)[19		
CATE	1 28h	red c	toa	det.	12	tru wol	rilo	- hour	fly 7	1	ZPERFORM (ES 🗍 N	NO A
CERTIFICATION	20d. EXTERNAL CAN PRIMARY CON CAUSE OF BEATH.	SE WAS TRIBUTING 20	b. DESCRIBE	HOW INJURY OCCURRED). (En	ter noture of injury in Pa	rt I or Por	t II of item 18.)	1	Ve	ري	7~
18	20c. TIME OF INJURY	Y Month, Day, Yea	r 20d. 1	NJURY OCCURRED 20e.	PLAC	OF INJURY (Home, for	m. 20f. (City or lown)	(Cou	nty)		(State)
MEDICAL	7:45.50	Mar. 28 196	While	rk of work	actor	y, street, office bldg., etc	-)	·				
1	1 . 7, 1			emains described a	hav	e held an Autan		Inspection 🗍	Inquin	. 🗀	and Ca	-1 45 -4
L		from: Natural	-			de \square , Homicide		Undetermined		, L.	, and fin	id tuar
	1/		7	7	301W	LI, Hollician	- LJ,	Onderermined	coose [•		
	ACTUAL HOW WAS ALL CHIEF MEDICAL EXAMINER TO DATE SIGNED							NED				
П	ASSISTANT MEDICAL EXAMINER []											
L	EXAMINER'S NAME (Type) H. W. Ward DEPUTY MEDICAL EXAMINER 3/29/66											
22	o. BURIAL, CREMATION			22c. NAME OF CEMETERY	OR C	REMATORY	22d. LO	CATION (City, town,	or county)		(Slole)	
В	REMOVAL (Specify)	Mar 30,	1966	Mt.Harmony	Ch	r. Cemetar		Owings.	Mary	rlai	bo	
_	FUNERAL DIRECTOR'S	SIGNATURE	p	ADDRESS			BY REC	ISTRAR 246. REG	STRAR'S SIG	NAŢUR		
	Edlitake	sis Tune	cal 1	tome 1/110	in	p md MAI	3 I	1966 /	larla,	1 Je	edge	

VS. A15ME(S) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH attending physician are completely filled in by the funeral rmit. Then please thubbye carbon papers. Pages 1 and 2 n, or removal, and in the event, within 72 hours after death, hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Calvert Calvert MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) Prince Frederick, Maryland Prince Frederick, Md. hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? NO X Calvert County Hospital YES requires that the death certificate be executed within 3. NAME OF Middle Last DATE Year First 4. DECEASED OF 1966 Gibson (Type or print) Stewart Donald DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED last birthday) Months Hours 50 White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? State Policeman 13. FATHER'S NAME Marvland Md State MOTHER'S MAIDEN NAME Grace Cranford Stewart C. Gibson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? this certificate has been signed by the attend letached for use as the burial-transit permit. • Dept. of Health prior to burial, cremation, or n 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) Gibson. Prince Frederick. Marv W. WW 20-0 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY be detached for use State Dept. of Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by 19 ab work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at? saw the deceased alive on. M. from the causes and on the date stated above. 228. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 22c. PHYSICIAM'S 22d. ADDRESS Huntingtown. Maryland Weems George BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 15M 4-64



THE CONTINUE AND ATTERMED FOR THE NAME OF THE TABLE OF THE MATTERMED IN THE MATTERMED WITHIN 24 HOURS after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please ramby garbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, premarion, or removal, and is any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
63249	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	#3539

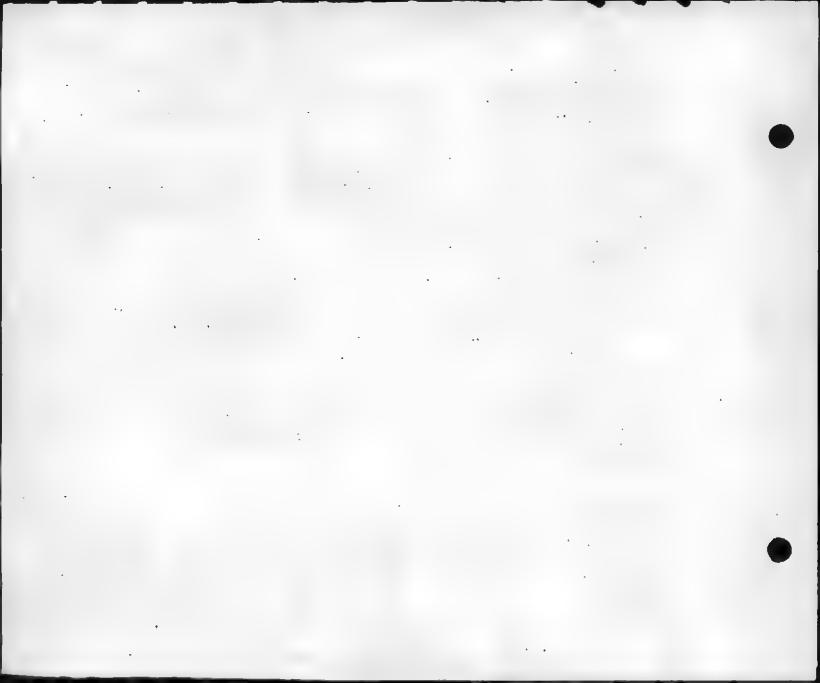
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Calvert MARYLANO	a. STATE b. COUNTY Charles					
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
Prince Frederick, Md. 3/10-3/12/66	Bryantown, Maryland					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
Calvert County Hospital	ON A FARM?					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
(Type or print) (NO NOME GIVEN)	Goldring DEATH 3 12 1966					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.					
Female Negro WIDOWED DIVORCED	3/10/66 last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
NONE NONE	Calvert, Maryland U.S.A.					
13. FATHER'S NAME	Calvert. Maryland U.S.A.					
James Anthony Goldring	Ida Lucille Johnson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
(Yes, no, or unknown) (If yes give war or dates of service) NONE Mr	es. Ida Goldring Bryantown, Md.					
18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I, OEATH WAS CAUSED BY: 1 MMEDIATE CAUSE (a)	Talkere che ONSET AND DEATH					
DUE TO						
conditions, if any, which) (b) Alemalities of	exerction placers contra					
gave rise to immediate						
underlying states last	man)					
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While at work at work	ij, an aut attivo biugij etcij					
21. I certify that (I) (this hospital) attended the deceased from	3//0 , 196C, to 3//2 , 1966, that (1) (we) last					
saw the deceased alive on 3//2 1966, and that	death occurred at 5:3 MAfrom the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
Su/llalle M.D	ATTENDING MED. STAFF 13/12/66					
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) Dr. Roberto De Villarreal St. Leonard, Maryland						
23a. BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) (State)						
BURIAL (Specify) 3-13-66 ST MARY	IS CEM. BRYANTOWN, MD.					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
The HUNTT FINERAL HOME WALDORF	MD, DAMAR 17 1968 Jeliantes Judge					
The state of the s	4					



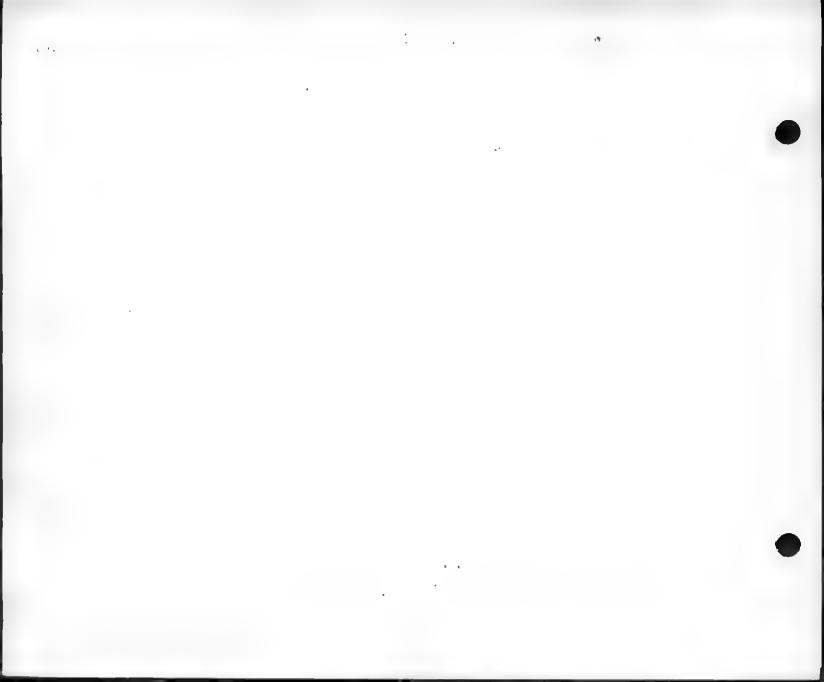
FOR STATE HEALTH DEPT. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, removal, and removal, and removal and removal. R

> VR AISME (5) 5M I/65

	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS	EPARTMENT OF HEALTH IS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	63550 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1.	PLACE OF DEATH, a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: desidence before application a, STATE b. COUNTY Country Coun
	(Market and give nearest town)	Jelsona H. Leonardo
	d. NAME OF ROSPITAL OR INSTITUTION (If not in hospital, give street address)	a. IS RESIDENCE ON A FARM? YES NO
3.	DECEASED (Type or pripty Tomps) from t	Lessella 4. DATE Month Pay Year DEATH 3 /2 19 00
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF DIRTH 9. AGE (1970ars FUNDER 1 YEAR IF UNDER 24 HR: iest birthday Months Days Hours Min.
10e	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR ing most of working life, even if retirad) austruction 1 Carphiter	12. EIRTHPLAGE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY?
13.	1108 drow Hendeller	Mary M. Buckler)
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) 218-34-5902 \$	"neline & Flewilse good - Post webriele Tud
	PART I. DEATH WAS CAUSED BY:	O 16 O D D D D D D D D D D D D D D D D D
	DUE TO	Jan Jan
	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause-last.	le_
CATION	PARK II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTREL	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	OB. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enternature of Injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. 3/12 1908 at work et work	LACE OF INJURY Homes farm, 201, (City or town) (County) (State)
2	21. I certify that I took charge of the remains described above, he	neld an Autopsy Inspection, Inquiry, and in my opinion
	death resulted from Natural causes , Accident X, Si	Guicide, Homicide, Undetermined manner
	SIGNATURE TWW Ward	M.O. ASSISTANT MEDICAL EXAMINER [] 22. DATE/SIGNED
	EXAMIRER'S H. W. WARD	Address (Street, city, town, or county)
238	Price Mar. 14. 1966 Waters men	RY OR CREMATORY 23d. LOCATION (City, town or county) (State) y, Cemelery asker asker.
0	O. Hack aled (Col - Muslices)	Lie Wicker I 5 1956 Warfer Quela-



tems 18&21 Film G375 4/1 MARYLAND STATE DEPARTMENT OF HEALTH

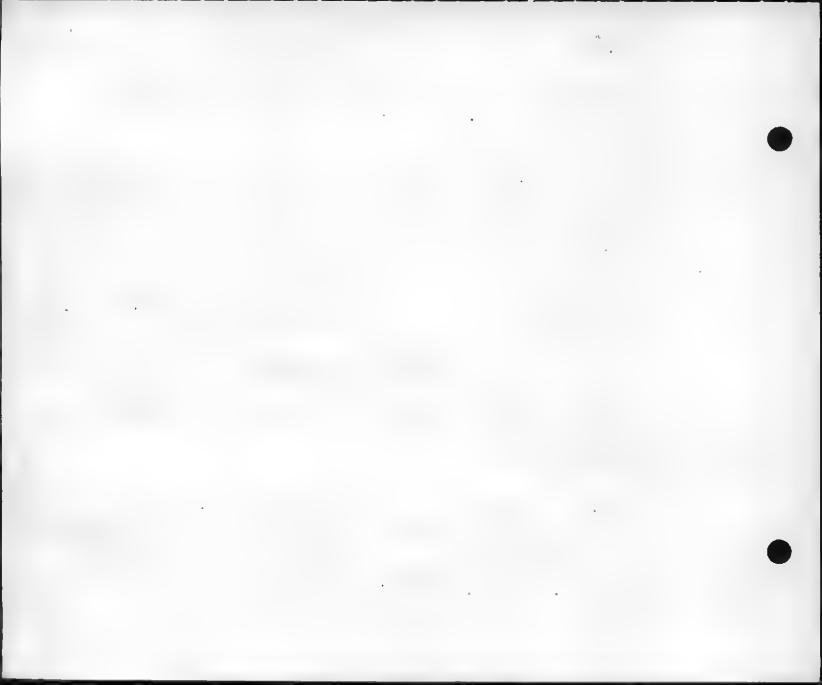


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please region carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
3552	CERTIFICATE OF DEATH	03542

1.	PLACE OF DEATH e. COUNTY					2. USUAL RESIDENC	CE (Where	deceased lived,	lf institut	ion: Reside	nce before a	idmission)
7 - 7 to				a. STATE Maryland b. COUNTY alvert								
b. CITY OR TOWN (If outside corporate limits. c. LENGTH DF STAY IN 1b					c. CITY OR TOWN (If	outside (corporate limit				st town)	
1	write RURAL and Prince Fre	give nearest town)	Ma	3/17-3/20	1/64	North	Beac	h Mar	v lar	nd)	a
	d. NAME OF HOSPITA	OP INSTITUTION	frot in hos	onlite also etreet ad	drace)	d. STREET ADDRESS	Doac	ilig Ilai	y ct.	104	e. IS RE	SIDENCE
	Calvert Co				101 633)	d. OIRCEI ADDRESS					ON A	FARM?
	NAME DF	First	, p o a	Middle		Last	4. DA1	TE I	Vonth	E		ar
	OECEASED (Type or print)	Arthur		Coburn	I	eannarda	OF DEA	ATH	3	ć	20 19	
5.	SEX 6. 0	OLOR OR RACE 7.	MARRIED P	NEVER MARRIEO	8	. DATE OF BIRTH	-		ars IFU	NDER 1 YE	AR IF UNDE	R 24 HRS.
M	ale W	nite	MIDOMED [DIVORCED		6/5/85		80 st birth	rs.			
10:	. USUAL OCCUPATION (Give kind of work don	1811	DUSTRY OF BUSINESS OR		11. BIRTHPLACE (C	ounty & St	ate, or foreign co	untry) 1	12. CITIZE	N OF WHA	T
CMI	Forem	1	Page	itary dep		Maryland	ł				5.0.	
13	FATHER'S NAME		1 0 000	7-11	 1	14. MOTHER'S MAIL	DEN NAME		1			
	Charles Wa	alker Les	nnar	da	l,	Fanny	Cook	2				
15	. WAS DECEASED EVER	IN U.S. ARMED FORCE	S? 16. S	OCIAL SECURITY NO.	17.	INFORMANT		-	ddress			
(Y	es, ne, er unkown) (Ify	s give war or dates of ser	vice)	7	Mar	garet Lea	nnar	da No	orth	Bea	ch. N	ld.
	18. CAUSE OF DEAT	H Enter only one ca	use per iln	e for (a), (b), and (c)		04.1				1 IN	TERVAL BI	ETWEEN
	PART I. DEATH	WAS CAUSED BY:		pineer		- 14	ul l	200		0	NSET AND	DEATH
	3 13 X	MEDIATE CAUSE (a).										
	Conditions, if any,	which \		Rouel		Earlies	2					
	gave rise to imm	edlate (^
	cause (a), stating underlying cause las	CHB .										
No		- (U).	CONTRIBUT	ING TO DEATH BUT N	OTRELA	TED TO THE TERMINAL I	DISEASEC	ONDITION GIVE	N IN PART	[1(a)]	9. WAS A	UTOPSY
ATI											PERFO	RMED?
HE	20a. ACCIDENT WAS	UNDERLYING [7]	20b. DI	SCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	f Injury Ir	Part I or Par	() of Ite		159	110 []
MEDICAL CERTIFICATION	20a. ACCIDENT WAS DR CONTRIBUTING ((IF EITHER, NOTIFY	I CAUSE OF DEATH MEDICAL EXAMINER)			, , , , , , , , , , , , , , , , , , ,				,		
CAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. IN.		On. PLAC	E OF INJURY (Home, fay, street, office bldg., e	arm, 20f	. (City or tow	m)	(County)		(State)
MED	Hour a.m.	19	While at work	Not While at work	INGLUI	11 actooct a su an ascalla e	1.00					
	21. I certify that	at (I) (this hospita	i) attender	d the deceased fr	om -	3-17- 1	960	to 3	<i>O</i> .	1906	that (I)	(we) last
	saw the decease		<u> 20-</u>			death occurred at-	LO: Q	From the cau	uses and	on the r	late state	d above.
	22a. SIGNATURE								22	DATE	SIGNED	
		12000	1 was an		M.D.	ATTENDING X	MED. DIRECTOR	STAFF PHYS.	□13 _i	/21/	66	
	22c. PHYS ICIÁN'S 22d. ADDRESS											
_	NAME (1998) Dr. Issam R. Damalouji Prince Frederick, Maryland											
23	BURIAL, CREMATID REMOVAL (Specify)	N, 23b. DATE THE	REOF	23c. NAME OF CE	METERY	OR CREMATORY	23d.	LOCATION (CI	ty, town	or county	(5	State)
6	import-Bus	10 5/2/	166	(alvares)	nem		13	unan			Ya-	
24	. FUNERAL DIRECTOR	01	, 7	milital)	Boy	34 25a. RE	C'D BY RI	EGISTRAR 25	4	TRAR'S SI	GNATURE	
4	.4. Harse	nec 7 W	w/	Fort Ripu	blic	Terel- DAMA!	R 23	1956	Mila	reles	udge	4



O DEPUTY MED director.

VR A15ME (5) 5M 1/65

REC'D BY REGISTRAR

25b.

REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Yaar

Hours

YES

Day

Deya

CITIZEN OF WHAT COUNTRY?

INTERVAL

19.

(County)

WAS AUTOPSY PERFORMED?

and In my opinion

DATE SIGNED

(State)

NO

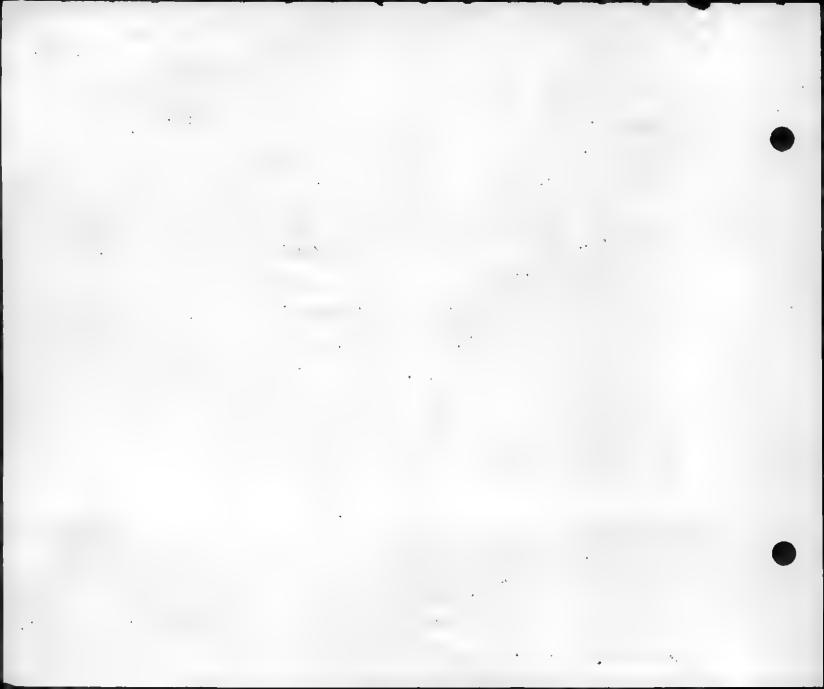


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTME	NT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P	RESTON STREET, BALTIMORE 1, MARYLAND
_	03554 CERTIFICATE OF D	EATH (13544
1.		RESIDENCE (Where deceased lived, if institution: Residence before admission)
_	CALVECT MARYIAND	b. county bordes
		TOWN (If outside corporate limits, write RURAL and give nearest town)
	PR FRECT	PLATA IMO.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET	ADDRESS 0. IS RESIDENCE ON A FARM?
		K CT- # 2 YES NO
3.	3. NAME OF First Middle Last	4. DATE Month Day Year
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF E	DEATH MAKES 6 1966
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Iast Dirthday) Months Days Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF RUSINESS OR 11 BIRTHI	PLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
dui	during most of working life, even if retired) INDUSTRY	emoy, Md (15 A.
13		R'S MAIDEN NAME
		HANNA POSEY
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unikown) (If yes give war or dates of service)	Address
(1	MILTON	Sidler, WALDORF, MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LECTURE !] COLU	NONSET AND DEATH
	4201 DUE TO 6 0 1/5	911
	Conditions, if any, which gave rise to immediate (b)	e Col deserve
	cause (a), stating the DUE TO	
N	underlying cause last.) (c)	
ATIC	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	PERFORMED
LIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter	YES NO NO
L CERTIFICATION		notale of Highly III Fast (of Fast II of Italia 10.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. While - Not While - factory, street, office	(Home, farm, 20f. (City or town) (County) (State)
ME	P.m. 19 While Not While tactory, street, unit	
	21. I certify that (I) (this hospital) attended the deceased from	1960, to 5/6, 1960, that (I) (we) last
	saw the deceased alive on 19. , and that death occur	
	ATTENDING	MED. STAFF
	22c. PHYSICIAN'S	
	NAME (Type) /AGE (- VE)	INTER FREDERY
23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION (City, town or county) (State)
	SURIAC - 1-65 WANDEMOY RAPTI	ST NANJEMOY, MD.
24	24. FUNERAL DIRECTOR ADDRESS A	MAR 14 1966 Charles Judge
14	ARCHART PUNCRAL HOME THE LAPLATA, MD.	MAR 14 1966 Charles Judge

VR AI5 (4) 20M 1/65



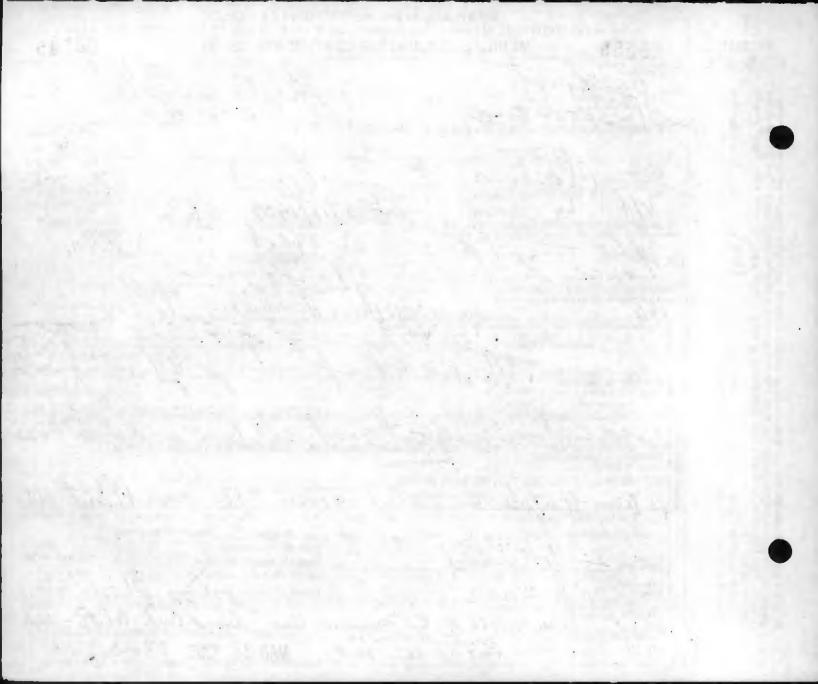
FOR STATE HEALTH DEPT.

TO DEPUTY MEE EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute his certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		03555 MEDICAL EXAMINER'S CERTIF	FICATE OF DEATH 03545_
	1,	a. COUNTY MARYLAND 8. 978	BESIDENCE (Where deceased lived, if institution: Residence before admissions b. COUNTY
		b. Con town Air outside corporate limits, c. LENGTH OF STAY IN 1b c. CIV	TOWN OF Outside corporete limits write RURAL end give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET	TADDRESS O. IS RESIDENCE ON A FARM?
1	3	3. NAME DF / First Middle Last	YES NO Day Year
		(Type or print) (laxence 2, fucl	Tef BEATH 3 27 1960
		WIDOWED DIVORCED 5/15	11909 Blast/birthday) Months Days Hours Min.
	10a duri	10a. USUAL OCCUPATION (Give kind of work done 10b K;ND OF BUSINESS OR UNDUSTRY INDUSTRY INDUSTRY	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	(13)	13 FATTER'S NAME 14. MOTH	HER'S MAIDEN NAME
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes (10) or unknown) (If yes give was or dates of service)	lenderson It I mande
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]	INTERVAL BETWEEN QNSET, AND QNATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Liquing Empire
		Conditions, It any, which DUE TO Least a feet	section of left wist part /6
		gave rise to immediate couse (e), stating the DUE 76	
	NC	underlying couse lest. (c) PART IN OTHER SYNIFICANT CONDITIONS CONTRIBUTING TO DE 1/2 H BUT NOT RELATED TO THE	RERMINAL DISPASE ON DITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
3	CATIC	& Had Jalen Bre difect and	sat four and de NO NO
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	er nature of injury in Part I or Part II of Item 18.)
			RY (Home, farm, 20) (Cy of town) (Opynty) (State)
	MEDICAL	While Not While at work A ST 27 19 86 at work at work	Gice blog, etc.) Heorena lant Ma
		21. I certify that I took charge of the remains described above, held an Autor	
		death resulted from: Natural causes X, Accident L, Suicide L,	Homicide , Undetermined manner
		1071101	SISTANT MEDICAL EXAMINER 22. DAYE SIGNED
		EXAMINER'S	PUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION, 23b. DATE THEREOF	ATORY 23d. LOCATION (City, town or county) (State)
0	24.	24. FUNERAL DIRECTOR 20, 1966 Waters Minorist	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	9	a. a. Hacknes Asn Part Republic med.	DAMAR 29 1966 goldenles Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death pertificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, at the prior of the filed with the State Dept. of Health prior to burial, cremation, or removal, at the prior of the prior o

	DIVISION 03556	N OF STATISTIC		RCH AND RECO	DRDS,	ARTMENT OF 301 W. PRESTO OF DEATH	N STRE			SS40	
1. PLACE OF OEATH a. COUNTY Calvert b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Frederick. Md 1/22-3/12/66					N 1b	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATEMaryland b. COUNTY alvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach, Maryland					
	d. NAME OF HOS	t County	N (if not in hos Hospit	spital, give street add		d. STREET ADDRESS Chesapeake	Beach	, Md.		e. IS RESIDION A FAR	ENCE RM?
3.	NAME OF DECEASED (Type or print) SEX	Ler		Middle		Woods OATE OF BIRTH	4. DATE OF DEAT	2		2 196	
10a	Male .usualoccupat	6. COLOR OR RACE White TON (Give kind of work	7. MARRIEO DE MIDOWEO DE MONE 10b. KIR	DIVORCED NO OF BUSINESS OR		7/3/73		92 yrs.	ionths Days	Hours OF WHAT	Min.
dur 13.	Hotel Ow	ing life, even if retire ner – Retii	d) IN	Hotel	1	Tenness 14. Mother's Maid	COUNTS	USA			
15 (Ye	WAS DECEASED I	Woods EVER IN U.S. ARMEOF (If yes give way or dates o	of service)	ocial security no. 8-18-9710	1	Elizabet INFORMANT Eva Curtis		Address	apeake	Beac	 h, M
		Immediate DUE	(a) (b) (b) (c) (70)	recipion (b), and (c). recipion tention	in y	Collage tu Hex	no reit,	Des.		ERVAL BETW SET AND DE	
CERTIFICATION	PART II. OTHER S					FED TO THE TERMINAL I				WAS AUTO PERFORME 'ES NO	ED?
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. (NJURY OCCURRED State) And the lat work at w										
	saw the deceasest alive on 3 // 19 bl2, and that death occurred at 1 1 MArom the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED 3/12/66 22c. PHYSICIAN'S NAME (Type) Prince Frederick, Maryland									DOVE	
	BURIAL CREN REMOVAL (Spo Surial FUNERAL DIRE	ecify) 3/1	THEREOF 5/66	23c. NAME OF CE			C'O BY REC	Falls Chur	ch		
	Kinh	ut &	· our	adery		DATE	10	1956 100	anley &	udge	

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